

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

STATE OF COLORADO, ET AL.,
Plaintiffs,

v.

UNITED STATES DEPARTMENT OF
HEALTH and HUMAN SERVICES, ET AL.,
Defendants.

Case No.: 1:25-cv-

DECLARATION OF CHRISTINE GOULETTE

I, Christine Goulette, hereby declare as follows:

1. I am a resident of the State of Rhode Island and over the age of 18.
2. I have been employed by the Rhode Island Department of Health (“RIDOH”) since 2000 and have served as the Associate Director for the Division of Emergency Preparedness and Infectious Disease (“EPID”) at RIDOH since January 2022.
3. My role includes providing leadership, strategic vision, and policy direction to staff and programs in EPID. I work directly with the Director of RIDOH and other executive leadership staff to implement RIDOH’s mission to protect and promote the health and safety of all Rhode Islanders.
4. The information set forth in this Declaration is based on personal knowledge, information gathered by RIDOH personnel, and a review of business records.
5. RIDOH’s mission includes preventing the spread of infectious diseases, developing comprehensive emergency preparedness plans to coordinate disaster response efforts, and implementing public health programs to prevent injury and illness and save lives. EPID is central to this work.

6. To further these efforts, RIDOH (through EPID) has a long-standing history of securing funding from the Centers for Disease Control and Prevention (“CDC”).
7. Long before the COVID-19 response, the CDC established the Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (“ELC”) Cooperative Agreement as a mechanism to fund the nation's health departments to detect, prevent, and respond to infectious disease outbreaks. This grant mechanism provides annual financial support to state, local, and U.S. territory and affiliate health departments.
8. This grant mechanism has a long history of being used to fund local responses to emerging pathogen threats (e.g., H1N1, Zika, and Ebola outbreaks). The core ELC grant fosters collaboration between epidemiological disease tracking and outbreak response functions with laboratory testing for diagnostic and surveillance efforts. This bridge is fundamental to public health work to prevent and control infectious diseases.
9. ELC funds routinely support the RIDOH-based Division of State Health Laboratories (“RISHL”).
10. These funds are used to provide laboratory testing capacity in support of the public health epidemiology and programmatic work outlined above. Funding is routinely used to support testing and administrative personnel, laboratory testing equipment and preventative maintenance agreements, specimen collection and testing supplies, personal protective equipment and transport supplies, and laboratory informatics systems for managing quality assurance data and reporting results.
11. Testing data is reported at the patient level to inform infectious disease healthcare decisions, at the community level for surveillance and outbreak responses, and at the national level to understand the modes and vectors of disease spread to develop infection prevention and community guidance.

12. In 2020-2021, the CDC leveraged the ELC funding mechanism to quickly distribute federal funding appropriated through legislative funding bills to states to enable a response to the COVID-19 pandemic via Notices of Funding Opportunities for a series of supplemental awards. Three ("3") supplemental grant awards received by RIDOH aimed to rapidly expand on the Core ELC functions outlined above with focuses on COVID-19 detection, contact tracing, and outbreak containment.
13. Over the course of the COVID-19 response, the CDC communicated through a series of guidance documents that COVID-19 funds should be leveraged for wholistic respiratory pathogen diagnostic work, surveillance, and outbreak response efforts for other infectious diseases. This was a way to optimize the use of funding and find efficiencies to bolster the public health system for future pandemic responses.
14. Respiratory virus season is the period of the year when rates of common respiratory viruses generally spike simultaneously. (Common respiratory viruses include seasonal influenza, COVID-19, and respiratory syncytial virus, or RSV.) This period puts particular strain on hospital emergency departments, primary care providers, pharmacies, and the healthcare system as a whole. To inform respiratory virus response efforts, RIDOH used funding from these 3 supplemental grant awards to develop a more comprehensive respiratory pathogen disease detection and tracking system.
15. The 3 CDC supplemental awards that I oversee (connected via various appropriations bills¹) are ELC CARES, ELC Enhancing Detection (ELC ED), ELC Enhancing Detection Expansion (ELC EDX).

ELC CARES

¹ [COVID-19 State, Tribal, Local, and Territorial Funding | Budget | CDC](#)
CARES: CARES Act: [H.R.748 - 116th Congress \(2019-2020\): CARES Act | Congress.gov | Library of Congress](#)
ED/EDX: Coronavirus Response and Relief Act, 2020 [Public Law 116 - 260 - Consolidated Appropriations Act, 2021 - Content Details -](#)

16. The Epidemiology and Laboratory Capacity Coronavirus Aid, Relief, and Economic Security (“ELC CARES”) grant was enabled by appropriations in Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123).
17. Funds obligated on 4/23/2020; funding period 1/20/2020 - 4/22/2022. The funding period was extended three times to an end date of 7/31/2026.
18. There are approximately \$801,130.92 of unspent funds remaining on this grant.
19. Remaining funds on this grant are authorized for use for laboratory supplies and equipment for the collection, diagnosis, and surveillance for COVID and other affiliated respiratory pathogens.
20. Loss of these funds will hamper current public health efforts for expanded surveillance efforts for ongoing COVID outbreaks in long-term care settings, and for other respiratory pathogens of public health concern like H5 influenza and measles. The residents of long-term care settings are particularly vulnerable to respiratory viruses, many of them life-threatening. COVID-19 impacted this population more severely than any other in Rhode Island.

ELC Enhancing Detection (ELC ED)

21. Epidemiology and Laboratory Capacity, Enhancing Detection (“ELC ED”) grant is enabled by appropriations in Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139).
22. Funds obligated on 5/18/2020; funding period 1/20/2020 - 11/17/2022.
23. The funding period was extended three times to an end date of 7/31/2026.
24. There are approximately \$3,587,556.61 in unspent funds remaining on this grant.
25. The federal guidance document from CDC ELC states: “The legislative language associated with these funds specifies that all activities supported by these funds must support COVID activities; specifically (for ELC) the COVID activities found in the

ELC Enhancing Detection and *ELC Enhanced Detection Expansion* award guidance. However, this does not mean that resources (e.g., staff, equipment, contracts, etc.) funded to perform activities cannot also help with public health activities that impact other infectious diseases if those funds are also impacting COVID.” (emphasis added).

ELC Enhancing Detection Expansion (ELC EDX)

26. Epidemiology and Laboratory Capacity Enhancing Detection Expansion (ELC EDX) is enabled by appropriations in Consolidated Appropriations Act, 2021, Division M – Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116-260).

27. Funds obligated on 1/14/2021; funding period 1/14/2021 - 7/31/2023.

28. The funding period was extended three times to an end date of 7/31/2026.

29. There are approximately \$10,464,089.29 unspent dollars remaining on this grant.

30. The federal guidance document from CDC ELC states: “The legislative language associated with these funds specifies that all activities supported by these funds must support COVID activities; specifically (for ELC) the COVID activities found in the *ELC Enhancing Detection* and *ELC Enhanced Detection Expansion* award guidance. However, this does not mean that resources (e.g., staff, equipment, contracts, etc.) funded to perform activities cannot also help with public health activities that impact other infectious diseases if those funds are also impacting COVID.” (emphasis added)

ELC ED/EDX Staffing²

31. The ELC ED/EDX funds, as well as the ELC Core funds, support RIDOH EPID staff with a team of nurses, epidemiologists, and disease intervention specialists. These roles are funded approximately 90% by ELC funds. The EPID team conducts outbreak

² Due to the overlapping nature of the funded activities in ELC ED and ELC EDX (ELC ED/EDX), the funded activities and their impacts will be described together.

investigations of COVID-19 and other respiratory diseases that occur in healthcare settings, long term care facilities (including nursing homes), and other congregate living facilities. All of these staff are cross trained to support routine surveillance and outbreak response of other reportable diseases as needed. The immediate loss of these funds would have a tremendous impact both internally at RIDOH, in the healthcare communities, and public at large.

32. ED/EDX funds support the RIDOH Infectious Disease Medical Director. Loss of this position would undermine RIDOH's subject matter expertise in providing clinical guidance to healthcare providers and policy direction to staff on matters related to infectious disease.
33. ELC ED/EDX fund are used to support three (3) contract nurses on the EPID Infection Control and Prevention Field Team (Field Team). This team goes into healthcare facilities to assess infection control practices and provides education on how to correct practices with facility staff to prevent the spread of COVID-19, as well as many other diseases. Without this funding, the Field Team would not be available to respond to outbreaks of COVID-19 and other diseases, conduct assessments to identify infection control gaps, and implement corrections in order to reduce the spread of disease. Furthermore, the Field Team would not be available to provide routine assessments to be proactive in the prevention of outbreaks in these settings.
34. ELC ED/EDX funds are used to support four (4) contractors who make up the Project Firstline team. This team, comprised of a program manager, two nurses, and a program support specialist, conducts proactive infection control and prevention education to all staff in healthcare setting, including healthcare professionals, certified nursing assistants, and environmental cleaning staff as they all play a part in infection control. Project Firstline provides in-person education as well as live webinars which are

recorded and accessible on the web so those who couldn't attend can view the webinar at a later date. Loss of funding would require dismantling of the Project Firstline which would eliminate the ability for RIDOH to provide much needed infection control education to healthcare facilities to prevent outbreaks before they start.

35. Funding supports the Biosafety Officer at the RIDOH Lab who maintains the lab's occupational health program, biosafety risk assessments, staff safety and response, biosafety training and onboarding, maintains documentation for compliance with the Federal Select Agent Program required for testing biothreat agents and participation in the CDC's Laboratory Response Network. Without this position staff safety, and federal regulatory compliance would be compromised.

36. Funding supports the RIDOH Lab supervisor for specimen processing. Loss of this position would compromise our laboratory's quality management system and risk increased testing errors that could negatively impact patient care and treatment.

37. Partial funding for a laboratory manager who helps to maintain compliance with all pre-analytical processes and the overall operations of the laboratory. The loss of this position would compromise our laboratory's quality assurance program, ability to continue to continue to operate our laboratory efficiently, and risk regulatory compliance.

ELC ED/EDX Equipment and Support Software

38. Funding for equipment to replace obsolete laboratory instruments was included in this funding. These pieces of equipment were also part of our continuity of operations plans for maintaining diagnostic testing capacity as our laboratory moves to a newly constructed facility late summer of 2025. Without this equipment, we will not be able to provide testing services to our clients which include uninsured and underinsured communities most at risk.

39. This funding included approved replacement to our Laboratory's Informatics Management System software. This software is the core of our quality assurance system that allows for maintaining regulatory compliance for all phases of diagnostic testing from receipt of the specimens and testing orders from physicians to the quality control and results of the testing performed to the final reporting to healthcare providers, and state and national epidemiological systems electronically. Without this much needed upgrade, we will continue to struggle to adapt to the rapidly changing testing needs in public health and have limited capability to receive electronic test requests and report results electronically. This increases the administrative burden on RIDOH staff and affect healthcare facilities re-entering results for patient care. Ultimately the inability to upgrade this software system will incur additional cost and put the state at risk in its ability to respond to additional emerging public health risks like H5 influenza.
40. The RIDOH Division of Emergency Preparedness and Infectious Disease and the Division of State Health Laboratories have an excellent history of performance with federal funders including the CDC, as evidenced by performance ratings, application scores, successful applications, and supplemental awards.
41. On March 25, 2025, without any prior notice or indication, CDC informed RIDOH that effective March 24, 2025, the three grants detailed above were terminated. A true and correct copy of the Notice of Awards is attached as Exhibit A. The notices were dated March 24th however, they were communicated to RIDOH via a communications platform, Grant Solutions, at 7:11 and 7:21 a.m. on March 25th.
42. CDC cites termination of the awards for cause as "the end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements."
43. The terms and conditions of the Termination Notice specify that all closeout reports for the full period of performance be submitted within thirty days of the date of the Notice

of Award (“NoA”) or 3/24/25. In addition, the Termination Notice specifies “Please note, if you fail to submit timely and accurate reports, CDC may also pursue other enforcement actions per 45 CFR Part 75.371”. Due to the immediate termination of staff and cancellation of contractual relationships with vendors, it is unrealistic to expect RIDOH meet these close-out terms and timeline.

44. RIDOH relied and acted upon its expectation and understanding that CDC would fulfill its commitment to provide funding when it contracted with staffing agencies, hired state employees, and sought competitive bids for vendor services. The sudden termination of funds will have economic and quality ramifications for Rhode Island’s healthcare system, which relies on services and support provided by RIDOH.

45. Prior to the grant award termination on March 25, 2025, CDC had never provided RIDOH with notice, written or otherwise, that the grant was in any way unsatisfactory.

I declare under penalty of perjury under the laws of the United States that, to the best of my knowledge, the foregoing is true and correct.

Executed on March 28, 2025, at Providence, Rhode Island.


Christine Goulette

Exhibit A



DEPARTMENT OF HEALTH AND HUMAN SERVICES

3009

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000519-05-09

FAIN# NU50CK000519

Federal Award Date: 03/24/2025

Recipient Information

1. Recipient Name

STATE OF RHODE ISLAND DEPARTMENT OF
HEALTH

2. Congressional District of Recipient

3. Payment System Identifier (ID)

4. Employer Identification Number (EIN)

5. Data Universal Numbering System (DUNS)

6. Recipient's Unique Entity Identifier (UEI)

7. Project Director or Principal Investigator

8. Authorized Official

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

10. Program Official Contact Information

30. Remarks

Department Authority

Federal Award Information

11. Award Number

6 NU50CK000519-05-09

12. Unique Federal Award Identification Number (FAIN)

NU50CK000519

13. Statutory Authority

301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

14. Federal Award Project Title

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) - Building and Strengthening

Epidemiology, Laboratory and Health Information Systems Capacity in State and Local Health Departments

15. Assistance Listing Number

93.323

16. Assistance Listing Program Title

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 08/01/2023 - End Date 03/24/2025

20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$10,779,561.00

22. Offset \$343,212.00

23. Total Amount of Federal Funds Obligated this budget period \$5,539,481.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$5,539,481.00

26. Period of Performance Start Date 08/01/2019 - End Date 03/24/2025

27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance \$293,973,010.78

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000519-05-09

FAIN# NU50CK000519

Federal Award Date: 03/24/2025

Recipient Information**Recipient Name**STATE OF RHODE ISLAND DEPARTMENT OF
HEALTH**Congressional District of Recipient****Payment Account Number and Type****Employer Identification Number (EIN) Data****Universal Numbering System (DUNS)****Recipient's Unique Entity Identifier (UEI)****31. Assistance Type**

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$3,142,829.00
b. Fringe Benefits	\$1,986,864.00
c. Total Personnel Costs	\$5,129,693.00
d. Equipment	\$277,305.00
e. Supplies	\$1,343,781.00
f. Travel	\$79,463.00
g. Construction	\$0.00
h. Other	\$663,358.00
i. Contractual	\$6,736,689.00
j. TOTAL DIRECT COSTS	\$14,230,289.00
k. INDIRECT COSTS	\$2,431,965.00
L. TOTAL APPROVED BUDGET	\$16,662,254.00
m. Federal Share	\$16,662,254.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
0-9390EWQ	19NU50CK000519C3	CK	41.51	93.323	\$0.00	75-2024-0943
0-9390F7F	19NU50CK000519C4	CK	41.51	93.323	\$0.00	75-X-0140
1-9390GKT	19NU50CK000519EEXC5	CK	41.51	93.323	\$0.00	75-2122-0140



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000519-05-09

FAIN# NU50CK000519

Federal Award Date: 03/24/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

STATE OF RHODE ISLAND DEPARTMENT OF HEALTH

6 NU50CK000519-05-09

1. Terms and Conditions

TERMS AND CONDITIONS OF AWARD

Termination: The purpose of this amendment is to terminate the use of any remaining COVID-19 funding associated with this award. The termination of this funding is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of use of funding under the listed document number(s) is effective as of the date set out in your Notice of Award.

Impacted document numbers are included on page 2 of this Notice of Award (NoA).

No additional activities can be conducted, and no additional costs may be incurred, as it relates to these funds. Unobligated award balances of COVID-19 funding will be de-obligated by CDC. Award activities under other funding may continue consistent with the terms and conditions of the award.

Final Federal Financial Report (FFR, SF-425): Within 30 days please submit final FFR’s for impacted document numbers. The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

All other terms and conditions of this award remain in effect.